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Legislation Seeks to Address Allied Health Workforce Problems

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Legislation Seeks to Address Allied Health Workforce Problems

S. 2491, the Allied Health Professions Reinvestment Act, was introduced in the Second Session of the 108th Congress by Senators Maria Cantwell (D-WA), Jeff Bingaman (D-NM), and Joseph Lieberman (D-CT) on June 2, 2004. Cliff Stearns (R-FL) and Ted Strickland (D-OH) introduced similar legislation, H.R. 4016, in March in the House of Representatives.

The two bills aim to obtain federal assistance to address allied health* workforce shortages, which, in some cases, are even more severe than problems confronting the nursing community in the United States. A rationale for this legislation appears in the Senate portion of the June 8, 2004, issue of the *Congressional Record*.¹ Reasons for seeking federal support may be classified under three broad imperatives: workforce, demography, and epidemiology.

As an example of a workforce issue, the Bureau of Labor Statistics projects that in the period 1998-2008, a total of 93,000 positions in clinical laboratory science need to be provided in the form of creating 53,000 new jobs and filling 40,000 existing vacancies. Of the 9,000 openings per year, academic institutions are producing only 4,990 graduates annually. Moreover, surveys by the Association of Schools of Allied Health Professions (ASAHP) reveal steady declines during the past four years in student applications and enrollments for several different types of allied health academic programs in the 105 institutions belonging to ASAHP.

Demographically, the aging of the U.S. population will be accompanied by an increased demand for the care of patients with a wide range of chronic health conditions. Therapeutic services provided by allied health personnel will mean the difference between enabling older persons to remain at home and maintain their independence as long as possible versus placement in long-term care facilities. A related issue is the aging of the caregivers themselves at a time when the educational pipeline needed to produce replacement personnel is shrinking.

From an epidemiological standpoint, medical advances enable more patients with critical problems to survive. These patients will need the kinds of extensive therapy provided by allied health professionals. Today, it is estimated that 125 million Americans live with a chronic condition, and by 2020, as the population ages, that number will increase to an estimated 157 million, with 81 million of them having two or more chronic conditions.²

ASAHP has taken the initiative to work with several national organizations in the development of the legislation that was introduced. A coalition with 34 other partners has been formed. Although many of its members represent individual allied health professions, the group also includes the American Hospital Association and the Federation of American Hospitals.

Once it becomes law, an Allied Health Reinvestment Act will provide the authority necessary for appropriators to award funds for recruitment activities, as well as for student scholarships and a faculty loan program. Scholarships will be offered in exchange for agreeing to practice in medically underserved areas upon graduation. The loan program will make it possible to alleviate faculty shortages by enabling individuals in that part of the workforce to pursue doctoral degrees. As much as 85% of the loan can be

forgiven, depending upon the amount of time subsequently spent in the classroom after a doctorate is awarded.

Health policy concerns in Congress typically revolve around issues such as providing benefits for the uninsured, containing costs, and curbing malpractice litigation. Simply handing insurance cards to everyone in the U.S. and remedying the other aforementioned concerns are not enough to guarantee that patients who need health care will receive it. An adequate-sized cadre of competently prepared practitioners must be available. Allied health represents a significant portion of the overall health workforce. Enactment of the proposed legislation will enhance health policy goals by assuring that these practitioners are present in sufficient numbers to address the population's health needs.

*Allied health consists of more than 100 different professions. Allied health professionals are involved with the delivery of health or related services pertaining to the identification, evaluation and prevention of diseases and disorders; dietary and nutrition services; rehabilitation and health systems management, among others. Allied health professionals, to name a few, include dental hygienists, diagnostic medical sonographers, dietitians, medical technologists, occupational therapists, physical therapists, radiographers, respiratory therapists, and speech language pathologists.

References

1. Allied Health Professions Reinvestment Act. Congressional Record. 108th Congress, Second Session, Vol. 150, S6625-S6626. Washington, DC: U.S. Government Printing Office, 2004.
2. Chronic Conditions: Making the Case for Ongoing Care. Baltimore, MD: Partnerships for Solutions, Johns Hopkins University. Prepared for The Robert Wood Johnson Foundation. December 2002.

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